

THE HOMŒOPATHIC TIMES.

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

Vol. VI.

NEW YORK, DECEMBER, 1878.

No. 9.

Original Articles.

THERAPEUTICS ILLUSTRATED.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

There seems to be so much misunderstanding among medical men who write for the enlightenment of others, and so much misapprehension of the domain and principles of therapeutics, as viewed from the homœopathic standpoint, that I am induced to offer some cases illustrative of what I have given in outline in a recent pamphlet.*

I would remind my readers that I am, and always have been, a general practitioner, as distinguished from a specialist.

I have directed my attention and devoted my time to no one class of diseases, nor to any particular range of remedies.

I have held myself in readiness to attend upon the sick and suffering whatever might be the cause or nature of their ailments, resorting to such means as the peculiarities of each case seemed to demand.

I have been a *therapeutist*, in the original and broadest sense of that term.

For more than thirty years I have been a *homœopath*, so far as Homœopathy has to do with human ailments; but I have considered myself, at the same time, as something more than a homœopath.

I have been a *mechanic* in adjusting broken bones and in removing foreign and morbid bodies when injuring my patients; a *chemist* in using antidotes for poisons, and in all approved measures for disinfection; a *hygienist* in prescribing change of air, of business, or of habits,

for those requiring such change alone for the recovery of health; a *parasiticide* in the employment of means to destroy the parasites which, let alone, injure health and destroy life; and an *allopath* in the exhibition of palliatives, in cases where destruction of tissue or exhaustion of recuperative power renders a cure out of the question, and where great suffering exists, or a speedy death may occur, without them.

But I am reminded that I have been no more than any other good homœopath; that all homœopaths resort to the outside means which I have referred to, as occasion requires, and that there is no need of special comments on the subject.

Why, then, allow me to ask, do we read and hear so much about the *all-sufficiency* of the law *similia*, and the utter folly and madness of considering *any other principle* in the wide domain of therapeutics?

Are we to employ means of cure in our daily practice, outside of the sphere of the Homœopathic law, without regard to the laws which govern there?

Are such things to be seized upon, and used, and tossed away, as simple "adjuvants" when successfully employed in cases where they alone are called for, and where Homœopathic remedies are utterly useless?

The real difference, then, between my position and that assumed by such men as issued the wonderful "King's County Circular," is that I believe the province of therapeutics to embrace all means properly applied for the relief and restoration of the sick and the injured; and that all means so applied are therapeutic, whether governed by the law *similia* or some other law of nature; while they teach that "the province of therapeutics is limited to curing diseases by the administration of drug-agencies,"

*The Science of Therapeutics in Outline. Boericke & Tafel.

and that "Homœopathy is the science of therapeutics, and that there is no other."

To them all the means outside of the domain of Homœopathy are not *therapeutic* agents, but *adjuvants merely*, nondescript and occasional expedients gathered in the great *hygienic rag-bag*, to be drawn upon when the "*similimum*" fails and used *ad libitum*, but more *sub rosa* than *sub lege*.

To me, all agents, whether drugs or not, addressed to the living organism to induce a condition *similar* to that to be overcome, are in the domain of *Homœopathic therapeutics*, and governed by the law *similia*; while all agents not so addressed are in the domain of *physiological therapeutics*, governed by certain other laws, under the limitations fixed in the original economy of the human organism.

I thus recognize two grand divisions in the therapeutic field, namely:

- I. Pathogenetic Therapeutics, and—
- II. Physiological Therapeutics.

In the pathogenetic division I recognize two departments, namely:

1. The Homœopathic, or curative, and—
2. The Allopathic, or palliative.

In the physiological division, I recognize four departments, more or less distinct, namely:

1. The Chemical—antidotal and disinfectant.
2. The Mechanical—surgical and kinetic.
3. The Antiparasitic—live-pest destroying.
4. The Hygienic—health restoring.

In my pamphlet already referred to, I have explained these divisions and departments, and it is my purpose here simply to illustrate them by a number of cases taken from my practice.

And I must remark, before submitting my cases, that I have hitherto always refrained from the publication of any such, believing with Hahnemann, that clinical reports showing simply what was done in a case which *may never occur again*, can be of no great worth and may be very misleading. I now use them simply as a means of demonstrating what might not otherwise be properly understood.

I.

PATHOGENETIC THERAPEUTICS.

I. Homœopathic. Case 1. Miss R., Tonsils, uvula and walls of pharynx red, swollen, tender, dry, hot, rendering deglutition very difficult, almost impossible; a sense of suffocation; creeping chills, and flushes of heat.

Remedy: *Capsicum an.* $\frac{1}{10}$, 10 drops in four tablespoonfuls of water—one teaspoonful every half hour till better, then every hour.

Result: Much improvement in two hours, and complete recovery in twenty-four hours.

Case 2. Master R., St. Vitus' dance, developing steadily, from simple twitchings of facial muscles and unsteady walk, to a condition of total inability to control muscular action, to walk or sit up, or use hands or feet or tongue; occipital headache; cervical and dorsal pains; cool extremities and surface; moderate, rather slow pulse; quietude in sleep, etc.

In this case a most careful use of medicines indicated, for three weeks, failed to effect improvement. Satisfied that the pathogenetic impression made, in order to prove effective in relieving the meningeal congestion and brain and nerve irritation, must be general, I determined upon this prescription:

Remedy: A cotton sheet wrung out of cold water, spread upon a woolen blanket and wrapped closely about the nude patient, with plenty of other covers, for one hour, beginning at 11 A. M., every day: the patient to be rolled into a dry, warm woolen blanket, resting there till the excitement of the bath is all over.

Result: Improvement, in every particular, from the first day, till complete recovery in two weeks.

I would remark that I consider this a Homœopathic cure, as much as in the case of the sore throat where *Capsicum* was used; and I am pleased to exhibit it as a proof of the folly of limiting even Homœopathic therapeutics to the "administration of drug agencies," as is done in the King's County Circular.

2. Allopathic. Case I. Mrs. G., Cancer of duodenum, incurable: severe pains, coming in paroxysms, preventing sleep, etc. No proper relief from curative means.

Palliative: Sulph. Morphia, 1 grain; Extract Belladonna, $\frac{1}{4}$ grain; Extract Cannabis Ind., 1 grain. Mix, and make into 10 pills. One pill to be taken every four hours.

Result: Sleep and rest, and ability to converse with her friends while she lived.

Case 2. Gen. H. Congestive chills; the first and second passed with difficulty; no reaction from the third; fatty degeneration of the heart, from high living and no exercise. Curative means failed.

Palliative: Had hot bottles and flannels placed at extremities, and the whole surface kept warm by artificial heat.

Result: Life was prolonged for twenty hours, allowing conversation and arrangements, which without such measures would have been impossible.

No argument is required in vindication of my line of treatment in these two cases; nor need I explain that it was *allopathic*. How sad the ignorance of the practitioner who, never recognizing the incurable, in his patient, suffers useless agonies to go on, or life itself to be cut short, rather than apply *allopathic* measures to palliate what nothing on earth may cure.

The four cases now submitted will suffice to illustrate the field and methods of *Pathogenetic Therapeutics*.

II.

PHYSIOLOGICAL THERAPEUTICS.

1. **Chemical.**—Case 1. Child of Mrs. J., playing about a pile of fresh slacked lime, got a quantity of it in one of her eyes, causing great pain, lachrymation, etc.

Remedy.—Solution of vinegar, in warm water, applied as a wash.

Result.—Destruction of the adhering particles of lime and removal of irritation from the eye.

Case 2. Child of Mrs. B., from use of much fruit, experienced an active fermentation in the stomach, causing great pain, distension, belching, burning, etc.

Remedy.—Lime-water, twenty drops in a teaspoonful of milk every half hour.

Result.—Arrest of fermentation, and prompt relief, with no unpleasant consequences.

2. **Mechanical.**—Case 1. Mrs. C., polypus recti, causing pain, urging and tenesmus during and after stool, with intense burning, etc. Before the discovery of the polypus, medicines were used without avail.

Remedy.—The knife, followed by application of *Nitric acid*.

Result.—A complete cure.

Case 2. Hr. H. Hardness of hearing; noises in head; numbness of side of head and face. On examination found an accumulation of hardened black cerumen, covering the drum and filling the meatus externus for a space of half an inch.

Remedy.—Injection of hot water and a process of mining and sapping, carefully practised, at intervals of two days.

Result.—A clear meatus, a clean drum, perfect hearing and entire disappearance of the numbness.

3. **Antiparasitic.**—Case 1. Child of Mrs. B. had convulsions, occurring without any apparent cause; also, disturbed rest, jumping and talking in sleep; enlarged abdomen; capricious appetite, etc.

Remedy.—*Santonine* $\frac{1}{10}$, two grains morning and night, and abstinence from milk and sweet things.

Result.—Expulsion of several long worms of the lumbricoid species, and entire relief from the convulsions and other troubles.

Case 2. Child of Mrs. L. had had diarrhœa and dysentery all summer, with various domestic remedies; when brought to me there were bloody actions, tenesmus, straining, fever, fretfulness, etc.

Homœopathic remedies were prescribed by me in vain. Upon closer inquiry, learning that some small worms had been seen in the stools, I changed the treatment.

Remedy.—*Andira inermis* $\frac{1}{10}$, 5 drops in a teaspoonful of water, morning, noon and night.

Result.—Passage of a large quantity of worms, of the oxyuris species, followed by entire cessation of the dysentery and recovery of health.

4. **Hygienic.**—1. Case. Mr. C., writer's cramp and partial paralysis of right hand and arm. Patient unaccustomed to much physical exercise.

Remedy.—Indian clubs and plenty of exercise in the open air.

Result.—Entire recovery without giving up his desk and daily writing.

2. Case. Master R. Dull, heavy pressure in head, and headache, every Sunday, with cold feet. Upon inquiry I found the young man accustomed to a warm, almost hot bath, every Saturday night.

Remedy.—Discontinuance of the warm bath and, instead, a cool sponge bath, especially of the feet, every morning.

Result.—Immediate and entire relief from his Sunday headache.

In looking over the cases which I have reported, who will say that I was less a *therapeutist*, when I cured my patient with a change of habits, or with *Santonin*, or with Indian clubs and out-door air, or with the knife, or with vinegar, than when I prescribed the Homœopathic *Capicum*?

And who will say that I was not a *therapeutist*, governed by principles as well as by the promptings of a decent humanity, in prolonging life and alleviating pain by Allopathic measures, where no others could be of any avail?

I pity the ignorance and scorn the inhumanity of the bigot who says there is never a necessity for any such measures.

To anticipate blunders of apprehension, on the part of those who may be inclined to hunt for faults in what I write, I should say that I regard the cases submitted as in no way peculiar, either as to their character or treatment; and further, that they are not intended to show the proportion of cases occurring in the field of practice, which belong respectively to the domain of Homœopathy, Hygiene, Mechanics, Chemistry, Antiparasitics and Allopathy.

To Homœopathy and Hygiene belong the vast number. Mechanics, embracing surgery and kinetics, claims many; while Antiparasitics, Chemistry and Allopathy must each have an occasional case.

I am well aware that text-books on Pathology and Nosology, as well as hand-books of Practice, have not observed the distinctions, nor followed the system, which I advocate; and that the term *Therapeutics* has been misapplied and curtailed by medical writers generally.

In place of being more limited in its embrace than the term *Medicine*, it is *really* more comprehensive, taking in all that immediately pertains to the art of healing, whether medicinal or not.

In conclusion, I must express the hope that those in our ranks who are so ready to censure and denounce their brethren for not appreciating the Homœopathic law, and for recognizing other laws in the wide domain of therapeutics, may study more successfully the methods of scientific discovery and the origin and scope of what are known as natural laws and principles, to the end that they may be wiser and more useful, and less a laughing-stock to the world and a stumbling block in the way of intelligent medical men seeking for the truths of Homœopathy.

FEEDING THE INSANE.

BY N. EMMONS PAINE, M.D.,

Asst. Physician N. Y. State Hom. Asylum.

Every asylum has had its experiences, in

forced feeding. If these could all be unfolded and published, what a record of suffering they would present, and how surely would they indicate the progress made in the treatment of the insane! There are difficulties and dangers attending this as well as other branches of medicine and surgery, yet no more than its share; but the reports of unfortunate occurrences in asylums are picked up by the press, passed from one paper to another, and spread abroad as choice bits of sensational gossip. Therefore, the attention of alienists has been directed to new and better methods of caring for the insane. And among many other marked improvements, we note a happy progress in the delicate and essential matter of feeding those who can not or will not readily partake of proper and sufficient nourishment.

The cases requiring feeding, are generally those of melancholia, whose obstinacy, delusions, or suicidal determination impel them to refuse to eat, and to resist the introduction of food. Now if this perverseness continue, death will be the inevitable result.

The first thing then to be done is to coax the patient to eat, by rousing him from his infatigating stupor, by allaying his fears of poisoned food, or by overcoming his obstinacy through kindly appeals; or, finally, he must be induced by the expectation of a resort to mechanical means. When argument, pleading, and threats are of no avail, some force must be used, to save him from himself.

The patient's position, in forced feeding, may be one of two, he may be placed in a chair, or he may lie upon a bed. In either case, some restraining power must be applied to keep him quiet. In England, where mechanical restraints are decried, three or four attendants hold the patient; while, in this country, a muff and straps are employed. Still, some of the English agree with Dr. Blandford, who, in his book, advocates warmly this procedure in troublesome cases: "The patient is to be placed in a wooden arm-chair, and his body, arms, and legs are to be swathed in sheets drawn through the arms and legs of the chair so as to render him immovable." The above does not sound much like the orthodox English methods. That the preference is in favor of the American plan of strapping, there is no doubt, as the English often complain of the "mass of bruises," received by

the patients in their struggles with the attendants; whereas, our straps prevent the tumbling about which occasions the bruises.

The patient now being in position, there are two ways of reaching the stomach, one by the mouth, the other by the nose. The mouth is chosen generally by physicians, and a majority of them use the stomach tube; but, as the lips will be pressed together and the teeth firmly clenched, that cannot be passed until the jaws have been separated. Different plans have been recommended for doing this; one is by thrusting the finger well back along the teeth, but that appears hazardous, to say the least; another is to insert the points of a wedge, which are separated by turning a screw at the back; and another is the wedge-shaped screw, increasing in diameter from the point backwards, and made of hard wood, bone, or silver-plated metal. After the jaws are once opened, the tube may be passed, leaving the screw in its place; or, a better plan is, that a gag take the place of the screw, having a hole through which the tube passes. Many physicians, however, prefer the spoon to the tube. This is of wood or iron, as the operator prefers—Dr. Sankey using wooden, and Dr. Williams, of Sussex, common iron spoons—and is inserted quickly between the teeth, after opening the jaws. When once in place, it remains during the operation, both to keep the jaws apart and to act as a funnel for pouring in the liquid. There are many forms of apparatus for holding and administering the fluid. A second spoon usually serves a good purpose, but there are funnels, bottles, and rubber bags, having valves or other devices for regulating the amount to be taken at each swallow.

Feeding by the mouth, therefore, ends in a choice between the spoon and the stomach tube; and then the one or the other is used according to the preference of the operator. When the mouth has been opened, there are still disadvantages attached to each. The tube may accidentally slip into the trachea, instead of passing safely down the œsophagus; and, on the other hand, the food put into the spoon often enters the larynx and strangles the patient when the first misfortune has not occurred—of having it ejected upon the bystanders. To prevent this, the nose is held and the dose given just after an expiration, then no air remains for blowing it out and the

breath cannot be drawn until it has been swallowed; but that only induces the strangling. Besides, the spoon has been known to cut the tongue or other parts of the mouth, and teeth have often been loosened or broken by it, as well as by the wedge. The tube is preferable, therefore, because all the food enters the stomach; while, by the spoon, the quantity is variable, not to say unknown; again, it is preferable because of the quickness of administering, as the food put into the mouth by the spoon, may remain a wonderfully long time between respirations.

For the nose, the second opening by which food may be introduced into the stomach, we find three methods of pouring the fluid, first, into the nose through a simple funnel; second, through a tube in the pharynx; and third, through a long tube directly into the stomach. In all these, it is unnecessary to force apart the teeth; but the chances are that before that given by the first two methods has been swallowed, it will be thrown out from the mouth, as those plans are simply modifications of spoon feeding. The first application of the long nasal tube reaching into the stomach, is ascribed to Dr. Harrington Tuke. His instruments, he says, are "about seventeen inches in length, made of elastic gum like an ordinary catheter, and of various diameters, from the size of No. 3 to a No. 6 urethral catheter." But in using them, it was found that they "struck against the cervical vertebrae, and there remained fixed." To overcome this difficulty, he says: "Let the instrument be previously bent so as to give it a tendency to turn downwards; and at the moment it approaches the posterior nares, let the head of the patient be thrown back, so as to diminish the sharpness of the angle it must describe. The next problem, that of avoiding the entrance of the larynx or the opening of the fauces, is solved by bringing the patient's head forwards and downwards, which will send the point of the tube against the posterior wall of the pharynx." Of the three methods of nasal feeding, Dr. Tuke's is the one worthy of consideration. It cannot, however be popular among physicians, as, when the catheter is straight, it remains fixed in the posterior nares; and, when bent, it will pass into the mouth or larynx, unless the patient's head be pulled about and adapted to the curve of the

instrument. The difficulty with his tubes was simply this—they were too stiff.

As nasal feeding is the practice in this asylum, in this class of cases, our method will now be described. If the patient is confined to the bed, either by weakness or restraints, they remain and are fed without changing their position. If strong and moving about the wards, they are placed upon a bed; but the first thing then to be done, in all cases, is to fasten them securely with a muff, ankle-straps, and a body-strap; only one end of the body-strap is tied, the other end, after a turn about the bed, is held by an attendant, so that immediate change of position could be made in case of accident. By restraining thoroughly in this way, there is no danger of the patient bruising himself or others; and the liability to accident is much lessened by avoiding the usual plunging and fighting, as when held by hand. A soft rubber Nelaton catheter is taken. The great difference between it, adapting itself so readily to any curve, and the old-fashioned, stiff catheters of Tuke that remained "fixed against the cervical vertebræ," is apparent to every one. This is now passed through the nose into the stomach after having been oiled or dipped in the liquid to be given. The nozzle of a Davidson syringe, filled with fluid instead of air, is then inserted into the projecting end of the tube, and the food is pumped directly into the stomach. According to this plan, the feeding proper requires about five minutes, instead of from one to two hours, and only one attendant is necessary.

The discovery of this use for these soft catheters, was made in this way; and so far as I have been able to learn, mine was the first recorded application of them to nasal feeding. A young man had been growing more and more depressed for some months, until his melancholia and delusions culminated in an assault upon an inoffensive and unknown person. He was then sent to this asylum. For some time he had been eating little; but after his admission here, he refused determinedly to touch any food, and was silent and suicidal. When every inducement to eat had failed, it was decided that he should be fed. First, he was restrained and a spoon tried, but that could not be introduced; then the points of a wedge were inserted between the teeth, and, although reasonable force was applied, the jaws could not be separated nor the

screw of the wedge turned. When the nose was held, respiration continued without separating the jaws. A beef tea enema was given, but of course immediately ejected. After a protracted struggle, some fluid was finally placed in his mouth; but what was not blown about the room only caused strangling, so that very little entered the stomach. And, indeed after the portion of beef-tea had been expended in these ineffectual efforts to get it to its proper destination the gratitude expressed was sincere that only a minor portion and not the whole had gone into the larynx. Being thus baffled in every way, I took a soft rubber catheter, passed it through the nose into his stomach, and injected beef-tea with a Davidson syringe, without his moving or showing any sign of discomfort, except retching once or twice while the catheter was passing the pharynx. The great contrast between the struggles with wedges and spoons, and the ease and cleanliness of using the catheter, stamped it at once as the instrument for feeding; and now, after having been in very frequent use since that case, its record has been one of unvaryingly happy results.

There can, however, be objections raised against it. It may be slipped into the trachea, so may the stomach-tube; it may cause the patient to retch after its introduction, so also may the stomach-tube; but this may be lessened by passing the point rapidly from the posterior nares down below the larynx. If it does enter the trachea, it immediately advertises the fact by the passage of air through it; and if the operator will allow an expiration to be made by the patient, after its introduction and before the syringe is attached, he can satisfy himself of the position of his instrument and can proceed with safety. It is said that only fluids may be injected by it; but that objection has also been urged against the stomach tube; while our experience has been, by changing the drinks and sometimes medicating them, that patients have gained steadily in weight and strength. Two really substantial objections against common catheters, are that they are too short and also too flexible; but we have them made eighteen inches in length, with thicker walls and of a proper stiffness; then they will not be coughed up into the mouth by a tricky patient and held between the back teeth. Its advantages are that the introduction causes no pain; there is no

struggling to weary the patient; all the food enters the stomach and none is thrown about the room; respiration proceeds regularly, and even conversation may continue without hindrance. The objections to it are those against the much used stomach tube; while, over that instrument, from the non-necessity of forcing open tightly clenched jaws, and because of the inability of the patient to prevent its passage, it holds a true and deserved supremacy. Its adaptability is not confined to these cases of melancholia. It may be used in choking paretics or in paralysis of the throat from any cause; It might be used in fractures of the jaw, when teeth would otherwise be sacrificed; and in cancer of the mouth, or where food cannot be taken readily and naturally.

The use of this instrument will remove much of the dread of asylums and their treatment, now so common to patients and their friends, and will tend to substitute a truer belief among the people, that asylums are hospitals for diseased minds, where the comfort, happiness and restoration to health of the afflicted, is their one grand object and specific intent.

YELLOW FEVER.

BY F. F. CASSEDAY, M.D.

The present epidemic of yellow fever, which has been depopulating so many of our southern cities during the present summer and fall, has presented the disease in so many different phases as to arouse a feeling of inquiry among the medical profession, as to whether the theories in regard to the affection are tenable and thoroughly reliable.

Probably nothing in regard to the disease has excited more comment and discussion than its causation, and yet eminent authorities are by no means agreed on this point. If the present epidemic has proved anything, it has proved conclusively that the essential cause of the disease, be it animal, vegetable, or chemical, depends for its development and propagation upon local conditions found only within certain geographical limits. The necessary conditions are: continuous high temperature, excessive atmospheric moisture, the presence in the atmosphere of the results of animal or vegetable decomposition, and a decided predominance of the warm over the cold season of the year. The first three conditions are absolutely essen-

tial, but at the same time none of these when isolated are sufficient to produce the affection. As all the conditions for its production and spread depend upon the atmosphere, it is evident that the prime cause must be developed in the atmosphere, and not in the human body. Consequently, if this cause be carried from one place to another, it must be by atmospheric infection and not by personal contagion. Further, the fever cannot exist as an epidemic where the causes essential to its production and propagation are not found, and the most stringent quarantine regulations man can devise will not prevent its spread where these causes do exist. To prevent the spread of the disease one or more of these exciting causes must be removed, and that most readily under our control is the contamination of the atmosphere from animal and vegetable decomposition. The chief sources of this decomposition are imperfect sewers, foul water and marshy ground. To remove these sources of impurity before the warm season, and to keep them removed is, of course, the only safeguard against the development of the disease.

The relation of the fever and the pulse is a very interesting feature of the disease, and before closing I will submit the following table, prepared from one hundred fatal and one hundred convalescent cases. The hour of observation is given; each figure is an average:—

FATAL.

First Day.	Temperature.	Pulse.
First hour.....	101.3	108.7
Twelfth hour.....	104.1	111.2
Twentieth hour.....	104.1	112.5

Second Day.

Sixth hour.....	105.2	112.5
Fourteenth hour.....	104.2	110.3
Twentieth hour.....	103.9	108.7

Third Day.

Fifth hour.....	105.3	114.9
Tenth hour.....	105.4	116.9
Fifteenth hour.....	105.3	112.2
Twentieth hour.....	105.3	117.6

NON-FATAL.

First Day.	Temperature.	Pulse.
First hour.....	100.2	109.3
Twelfth hour.....	103.6	114.6
Twentieth hour.....	103.7	114.4

Second Day.

Sixth hour.....	104.9	116.3
Fourteenth hour.....	104.9	115.1
Twentieth hour.....	105.1	116.2

Third Day.

Fifth hour.....	103.2	110.3
Tenth hour.....	102.3	105.6
Fifteenth hour.....	101.1	100.2
Twentieth hour.....	99.2	93.9

This table was carefully prepared from the memoranda of two eminent physicians of New Orleans.

Cliniq.

THREE CASES IN WHICH ABDOMINAL TUMORS WERE CURED BY INTERNAL MEDICATION.

BY B. F. JOSLIN, M.D., OF NEW YORK CITY.

(Read before the Hom. Medical Society of the County of New York.)

In presenting the following cases to the consideration of this society, I am conscious of some weak points in the description. It may be affirmed that I do not make the diagnosis of the alleged tumors sufficiently clear; and it may be argued that Nature instead of art, should be credited with the recovery of the patients. It must be borne in mind that I make no claim to be considered as a specialist in gynecology; that I speak from the stand-point of a general practitioner whose experience in special branches is necessarily limited. When it is recollected how many errors in diagnosis are recorded, made by those high in authority in this specialty, it makes a person of moderate opportunities like myself feel quite modest, and willing to leave a degree of ambiguity about the exact nature of these cases. I, however, desire to present the facts in as nearly a correct manner as possible, combined with very little theory. Certain facts are clear—the presence of an abdominal tumor, in each case hard and unresisting, accompanied in two cases by serious ill health of months and even years duration. Next, following as nearly as possible the indications of the Homœopathic law, these tumors gradually disappeared, accompanied by a corresponding improvement in the patient's general health. At the present time, November, 1878, the patients are well.

One of these cases I believe to have been ovarian, and the two others uterine. In all a considerable period has elapsed since they had any active symptoms of disease. In case 1, the records not being found, the report is incom-

plete as to treatment. In case 2, the patient was under my care, with direct reference to her abdominal tumor, from 1862, to 1872, and since seen occasionally. Case 3, was under my care from 1867, to 1870, especially for abdominal tumour; has been seen many times since for other troubles.

CASE I.—TUMOR IN RIGHT ILIAC REGION FIRST OBSERVED 20 YEARS SINCE. GRADUAL DISAPPEARANCE UNDER MEDICAL MEANS.

About 20 or 22 years since Miss Margaret S., then about 40 years of age, observed a tumor in right ilium which was inconvenient on motion and painful during menstruation. I examined it at the time and prescribed for her. I think I gave *Silicea*, but have not been able to find my records of case. My recollection is that there was quite a hard swelling in lower part of abdomen, nearly as large as a child's head at birth. About six years since, during an attack of dysentery, I had an opportunity of examining the tumor and found it scarcely appreciable; could make out that there was a hard swelling, perhaps the size of a small orange. She says that she feels soreness there when she takes cold, and more particularly since being severely injured by a runaway accident which occurred during the summer of 1877. In a recent conversation she was decided that the tumor was inclined to the right side, while my impressions were that it was hypogastric.

CASE II.—HARD OVARIAN TUMOR OF 22 YEARS STANDING. GRADUAL DIMINUTION UNDER MEDICAL TREATMENT.

On the 17th of June, 1862, Ann McGinness, æt. 40, single; called upon me for professional advice regarding a tumor which had commenced 7 years before in right iliac region, attributed by her to a fall on stairs. It had grown quite large, and *apparently* filled the abdominal cavity. At times, pain in tumour. Menses had been regular; delayed then. Gave three doses of *Sepia*²⁰⁰, one to be taken each night. On the 20th of June I examined tumor, found it hard, not fluctuating, and most prominent on the right side and near the centre of abdomen. At this examination I thought the tumor was composed of several cysts filled with fluid of considerable consistency; I was subsequently satisfied that but one tumor existed. I believed it to be ovarian.

At a later date I ascertained that two phy-

sicians of the old school had given her this opinion previously to my seeing her. All three may have been mistaken in that particular. So many mistakes have been made in the diagnosis of ovarian and other abdominal tumors, that I am quite willing to acknowledge the possibility of error on my part. No exploratory operation was ever undertaken with a view of making the diagnosis clear. It has been throughout a medical rather than a surgical case. Again, I may have been correct in observing several cysts at one time, and subsequently being certain that not more than one existed. Thomas states that unilocular tumors usually commence as multilocular, the walls between the tumors being gradually broken down.

She had at times pain and soreness of abdomen, and pain in right ilium extending to thigh. Menses came on July 1st; had missed in June. June 28th, gave several doses of *Bell.* ²⁰⁰, one each night. July 24th, complained of having had, during past week, more pain than usual in right ilium, increased by walking; all less at date of her visit. Continued *Bell.* ²⁰⁰. Aug. 7th, said she felt better than she had done for five years, had less swelling or pain. The apparent swelling was no doubt partly from the intestines being crowded to the left side. Continued *Bell.* ²⁰⁰.

Aug. 23d.—I record pulse 60. Felt pretty well until she caught cold. Has now pain between scapulae, and some soreness in hypogastric region. Appetite good. Always costive. Gave *Lach.* ²⁰⁰.

Sept. 9th.—Thinks swelling is less.

On the 25th of July, 1863, after treating her for more than a year, I made a careful examination externally and per vaginam, and satisfied myself that the tumor was increasing in size, and was confined to the right side. It could readily be felt in right side of pelvis, per vaginam, and pressure made externally could be felt through the tumor, and was communicated to the hand in the vagina. It was a hard, round mass, in which I failed to distinguish any fluctuation. The os uteri could not be felt; uterus being dragged up by the tumor, I suppose. The left side of the abdomen was tympanitic on percussion. It was at this time, I presume, that being somewhat discouraged at the prospect of relief by medical means, I thought it my duty to inform my patient of the degree of success attained by Atlee,

Peaslee, and others, in the surgical treatment of ovarian tumors, and so give her the alternative of an operation. She assented to an operation—*provided* I would perform it!

I respectfully declined, on the ground, that with my lack of special skill in this most formidable operation her chances would be slight. Nothing more was said on this subject.

So far, *Sep.* ²⁰⁰, *Bell.* ²⁰⁰ and ²⁰, *Plat.* ⁶, *Lach.* ²⁰⁰ and *Nux.* ³, were all the remedies which had been given during the period of 13 months that she had been under my care. It will be recollected that she had had the tumor rather more than eight years. I have full records of all her symptoms and of my treatment, the complete recapitulation of which would, I fear, be tedious. I shall, therefore, content myself with brief quotations. On the occasion of the examination, July 25th, 1863, I gave *Staph.* ¹², which, though interrupted by other remedies, as special symptoms seemed to indicate, was the most given till April, 1867, a period of nearly four years, and should receive more credit in curing the patient than any other medicine. *Staph.* ²⁰⁰ was given on one occasion; *Nux.* ³, *Sep.* ¹², ²⁰, ²⁰⁰, and ⁵⁰⁰ were also prescribed; and others for acute troubles that arose.

On July 8th, 1865, I record she thinks tumor is larger. From this date, *Staph.* ¹² was given apparently to the exclusion of every other remedy, till April 28th, 1867—a period of nearly 22 months.

March 29th, 1868, I record much less annoyance from the tumor than she had a year ago. At this time had night sweats, and felt weak, for which I gave *China* ¹.

Dec. 6th, I record, tumor less in size, she says; gave *Sep.* ¹².

1869, Sept. 13th, tumor examined. Felt in size like a child's head at birth. She had then been under my care upwards of seven years.

Dec. 24th, swelling of abdomen same for three years. *Sep.* ¹².

1870, May 16th. No increase of swelling for two years.

1871, July 17th. Swelling of abdomen about the same, or larger of late. *Bell.* ⁶.

1872, Sept. 21st, swelling of abdomen less. *Sepia* ²⁰⁰.

Saw her at other times than those alluded to above, as any little derangement of her health

made necessary; but the symptoms connected with her most important trouble seemed to have gradually diminished, and to have left her in good general health, so that she earned her living by manual labor—washing and ironing. She is now in good health. I have made the quotations as found on my case-books, sometimes from the observation of patient herself. In this way some slight discrepancies may be detected by the critical. I thought it best to quote as nearly as possible from the original record.

With the assistance of my colleague, Dr. D. B. Hunt, I made an examination on the evening of December 4th, 1876.

We found tumor in right iliac region, measuring three and a half inches in diameter; could be felt through the vagina, where it seemed to extend to the hypogastrium. It was hard and unyielding to touch. Could not distinguish the os uteri, nor in fact anything which felt like the body of the uterus. According to my recollection, and her own, the tumor was much larger when I first saw her, and for several years subsequently. She states that she wore hoops for the purpose of hiding the swelling of abdomen: She is a person of more than average intelligence, and is exceedingly reliable. Her testimony and my own agree in the fact of a gradual diminution of a hard ovarian tumor during a period of years, and concomitant improvement in her general health.

As stated, I believe this to have been a hard ovarian tumor. The many symptoms indicating general indisposition show that it was more than a simple benign growth—as for instance, pain in iliac and hypogastric regions, sensibility of abdomen. Peritonitis is not an infrequent accompaniment of ovarian disease. I note pain in right ilium extending to thigh; also pain in left ilium increased by walking, and soreness in hypogastric region. Night sweats were present at one time.

CASE III. HARD TUMOR IN HYPOGASTRIUM, ATTENDED WITH SEVERE PAIN—GRADUAL DISAPPEARANCE UNDER MEDICAL MEANS—PATIENT NOW WELL, 11 YEARS AFTER FIRST TREATMENT.

Miss Jennie M., probably about thirty years of age, was visited April 18th, 1867. Since August, or for eight months previous to my visit, had observed a hard swelling in hypogastrium. I found a hard, round tumor in hypogas-

trium reaching nearly to umbilicus *not* involving, the iliac regions. Attempted vaginal examination but found hymen deep in vagina and difficult to penetrate without too much violence. Had severe paroxysms of pain in tumor almost every day. It was her belief that the tumor had occupied iliac regions. This impression was most likely caused by the accumulation of wind in intestines so frequent in uterine affections; menses were regular; had no leucorrhœa. I formed a decidedly unfavorable opinion of this case, and recollect giving a prognosis in accordance with such opinion. At times her sufferings were intense, which was probably one reason for the judgment expressed. I gave her *Sepia* 1², a dose each night.

April 30th. I record less pain in tumor; continued *Sepia*.

May 14th. Gnawing, aching pains in tumor; bearing down; gave *Belladonna* 6, morning and night.

May 22d. Fullness in abdomen, and pain for two days. Gave *Nux* 3d in solution, every three hours.

Aug. 13th. Has suffered much pain of late, gnawing, bearing down; feels stronger than formerly; menses rather profuse. *Sepia* 1², in solution, every 4 hours.

Aug. 24th. Severe pains in hypogastric region. *Bell.* 6, solution.

Sept. 5th. Had quite severe pain during this last week; better now; costive. *Nux vom.* 3, solution, 3 hours.

Sept. 5th. Had quite severe pain this last week; better now; costive. Continued *Nux*.

Sept. 9th. Tumor as large as a child's head in hypogastrium; hard; had considerable pain last night. *Bell.* 6th, solution.

Sept. 17th. Rather severe pain in right side of tumor; appetite poor. *Staph.* 1², solution, 3 hours.

Oct. 1st. Not so much pain during last week; menses continued 3 weeks. *Plat.* 6, solution, 3 hours.

Oct. 13th. Less pain. Continued *Platina*.

Oct. 22d. Severe spasmodic pain in head; throbbing. *Bell.* 6; if not relieved, take *Zinc met.* 3.

Oct. 30th. Less pain. *Plat.* 6, solution.

Dec. 10th. No pain; now has menses. Continued *Plat.* 6, solution.

Dec. 30th. A little more pain; has walked about more. Continued *Plat.* 6, solution.

Jan. 14th, 1868. Had attack of severe pain in stomach this morning; relieved by *Veratrum*; still some pain. *Nux 3d*, solution. Then continue *Plat. 6*, solution.

Feb. 1st. Better. Continued *Plat. 6*.

Feb. 15th. Considerable pain in Hypogastrium; since menses, a week ago. *Puls. 6*, solution, 3 hours.

March 6th. Better of pains; bowels costive. *Nux 3d*, solution, 3 hours.

March 25th. Had considerable pain in hypogastrium, and frequent urination. *Bell. 6th*, solution; then *Plat.*, solution.

March 30th. Quite severe pain in hypogastrium. Tumor does not seem to have increased in size; menses delayed. *Puls. 6*, 3 times a day, and *Aconite-tincture*, in solution, each hour.

April 1st. Has suffered quite severe pain all night; no menses. *Puls. tinct.*, in solution, *Codeine 1*, if necessary.

April 2d. Much less pain during night. *Puls. tinct.*, and *Cod.* at night, if required.

April 3d. Rather more pain last night. *Bell. tinct. Cod.*, if required.

April 4th. Had considerable pain. *Puls. tinct.*, and *Cod.* if required.

April 6th. Menses appeared, with some pain. Same treatment.

April 9th. Has still pain at night; costive. *Collinsonia tinct.*, solution, 2 hours.

May 4th. Better in all respects. *Plat. 6* was again given.

May 20th. Better; quite comfortable; no pain in two or three weeks; appetite good. Continued *Plat. 6*.

June 4th. Doing well. *Plat. 6*.

June 27th. Better; tumor smaller, she says. *Plat. 6*.

July 25th. Doing well; swelling much less; no pain. *Plat. 6*.

29th.—Rather unwell for several days. Since last night, diarrhea; some 11 or 12 watery evacuations. Faintness and nausea, feverish. Pulse 96. The tumor certainly smaller. I no doubt took advantage of this acute attack to make a personal examination. I had had her statement on more than one occasion regarding the apparent decrease of the tumor. Gave *Acon. 6th, sol.*, and *Arsenicum 3d*, in pulv. This diarrhoeic attack continued several days, assuming a dysenteric character. My favorite remedy in this case, *Plat. 6th*, was continued on Aug.

27th and Sept. 8th, when she had had a little more pain than usual for a day or two. 29th, no pain in uterus. Slight stiffness in back and shoulders from cold; weak, *Rhus 3*, solution, then *Plat. 6*. In October had another diarrhoeic attack.

Nov. 7th.—Doing well, not much pain in tumor. *Plat. 6*.

Dec. 3d.—She says tumor has disappeared. Appetite poor; pain in back. *China 1*, then *Plat. 6*.

Feb. 5th, 1869.—Pretty well, scarcely any pain at period, none at other times. *Plat. 6*.

March 3d.—Doing well. *Plat. 6*.

Sunday, March 21st.—Menses came on Wednesday, and stopped after an hour's continuance; no pain. Throat sore in evening. *Puls. 6*, solution.

April 10th.—No menses in two months. *Sepia 12*, solution, 3 hours.

May 10th.—Some pain in hypogastrium. Has been over-tired from moving. *Plat. 6*.

June 1st.—Doing pretty well. *Plat. 6*.

21st.—Better in all respects. *Plat. 6*.

July 19th.—Doing well. Menses delayed. *Plat. 6*. I had evidently omitted the record of menstruation as will be observed from the succeeding records.

Sept. 11th.—No pain. *Plat. 6*.

Oct. 19th.—Has not taken any medicines for three weeks. More pain with menses at last period. Menses too long continued. Fever in evening. *Plat. 6*. It will be observed that *Platina* had been the only medicine prescribed from May 10th. She had been gradually improving.

Oct. 25th.—Pulse 72. For two or three weeks chilly on motion and feverish at night. *Bryonia 3* solution 2 hours.

Nov. 15th.—Better of chilliness; does not sleep well. No menses in two months. *Puls. 6*, sol. 3 hours.

Monday, Dec. 13.—Fainted on Thursday; struck head on falling. Since yesterday head ache; vertigo. Head quite sore. Menses came Tuesday, first time in three months. *Bell. 6*, solution, 3 hours.

Jan. 8th, 1870.—Appetite very poor; pale. *China 1* solution, then *Plat.* Gave *China 12*. In Feb. and March she felt weak.

April 9th.—Pulse 64. Weak; more pain in

abdomen generally during past month; headache. *Plat.*

May 2d.—Abdominal pains relieved by *Platina*. Cough from tickling in throat-pit; hoarse in morning. *Bell.*, then *Plat.*, which latter was continued June 20th.

In July, 1870, had inflammation of middle ear resulting in a purulent discharge which gave more or less trouble for a year, off and on. Had no trouble from tumor.

Jan. 30th, 1871.—I examined abdomen. Tumor in hypogastrium barely appreciable. I record not more than one-sixth former size.

This patient, though now well, has had more or less ill-health since the date of above records, but no further trouble with hypogastric tumor. Within the present year 1877, I made a careful examination, and could barely perceive a hard mass deep in hypogastrium. It seems just to attribute the improvement to the medical means employed. *Sepia*, *Belladonna*, *Nux vomica*, *Platina* and *Staphisagria*, were the medicines most employed. *Platina* was much more continuously given than any other remedy. It has been one of my most valued resources in uterine disease. This case should probably be called a fibroid tumor of uterus.

It has seemed to me of sufficient importance to take considerable space and time in transcribing records. A few particulars relating to transient attacks of illness not apparently connected with the abdominal tumor have been omitted.

A FEW REMARKS ON MALARIAL FEVER WITH CASES.

BY L. B. COUCH, M.D., NYACK, N. Y.

The etiology of malarial fever has been, is, and will continue to be a subject of much study and speculation.

At present we only know that certain conditions of earth and air favor the development of the poison which we term "malaria." We should, however, remember that exactly (?) these same conditions may exist in districts where malarial fever is unknown, and that intermittents may occur without the existence of those physical conditions supposed by many to be absolutely necessary to their propagation.

What the malarial poison is no one seems to know. All of us, however, are familiar with the effects.

NOW FOR THE TREATMENT.

I am positive the treatment of these fevers by strictly homœopathic remedies is by far the surest, quickest, safest, and consequently the best. I, however, am not invariably successful with them. Why? In the first place we have not remedies enough. 2d. The indications for those we have are not sufficiently reliable. 3d. We do not study our cases enough.

If physicians were to report each case carefully and minutely, giving the remedy, dilution, &c., &c., it would not be long before the treatment of malarial fever would be a pleasure, instead of what it is to many at present a bore and dread.

With this object in view, I present the following cases of intermittent fever cured with *Puls.* 3d and 30th.

Ida M., 12, has had intermittent fever for about four weeks for which she has taken *Quinine* with only temporary relief. At present she presents the following symptoms. Chill every other day at 12 (noon), commencing in feet, then in hands, after which it becomes general. Chill lasts 1 hour, without thirst. Fever lasts about 30 minutes and is accompanied by slight thirst. Sweat absent.

Aching in legs before chill and during fever. Headache during chill especially—stitches in both temples—appetite poor; bowels and sleep good. *Puls.* 3d every 4 hours.

One month afterward reports that she has had no chill or fever since the first dose.

Case 2. Mrs. N. (dark hair and eyes, lymphatic temperament) has had intermittent fever for about two weeks.

Chill every other day at 12 noon, commencing in the feet and hands, lasts two hours, and is unaccompanied by thirst. The chill is aggravated by the heat of the stove, is preceded by yawning and stitching and is accompanied by aching all over the body. After chill, vomiting of bile. Fever lasts 4 hours, accompanied by beating and throbbing on the top of the head, which lasts through part of the following day. No thirst during fever; sweat profuse.

Puls. 3d cured the case immediately and permanently.

Case 3. Ira C., age 9, of light complexion, hair and eyes, has had intermittent fever for 5 weeks, for which she has taken *Quinine*, *Chininum ars.* 1st, &c., with only temporary relief.

Chill every other day at 12 (noon) commencing in the knees, with cold legs and feet, lasts 20 minutes; no thirst. Sleeps mostly during fever which lasts 1½ hours, also without thirst. Fever is followed by hunger and is accompanied by beating, throbbing pains across the forehead. No sweating period. Epistaxis every day. Appetite poor, bowels regular.

Puls. 30 cured the case immediately, and with it the epistaxis.

The points of interest in these cases are the time of the chill—12 noon—the commencement of the chill in the extremities, the absence of thirst (a moderate thirst during the fever does not contra-indicate *Puls.*), and the absence of the sweating period in two out of three cases.

In future numbers of the *TIMES*, cases illustrating the action of *Ipecac*, *Eupatorium perf.* and *Eupat. purp.* will be given.

The Homœopathic Times.

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

Editors:

ROBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

J. B. GILBERT, M.D.

Published on the First of each Month.

Office, 18 West Twenty-Third Street, New York.

NEW YORK, DECEMBER, 1878.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

DRAINAGE vs. HEROISM.

A Memphis paper strikes the nail on the head when it says "We have all been heroic. Now we have had enough of heroism, let's have drainage." A great epidemic such as has recently swept through a portion of the South brings out the grandest and noblest instincts of the heart. Animositis are swept away; money flows like water, and cultured men and women stand nobly at the post of danger, or, leaving homes of comfort, seek those posts as physicians and nurses actuated only by the desire to relieve suffering and save life. There is a grandeur in this heroism which commands our admiration. We have abundant illustration to show that men and women brought face to face with danger are almost always brave. The contrary is an exception to the rule. Our admiration for the "noble six hundred" who rode into the jaws of death at Balaklava is none the less from the fact that we know "some one had blundered;" and our admiration for the brave men and women, who during the fearful epidemic at the South, battled with death inch by inch, often laying down their own lives in the contest, is none the less because we know the whole people had blundered, or the epidemic would not have existed.

Two great lessons should be learned from this as from every other epidemic.

I. The nature and causes of the disease.

II. How it can be prevented.

If these lessons are properly learned, the epidemic will not be without its beneficial results. Now is the time for every city, village, and hamlet to organise its health association, whose duty it shall be to use all necessary measures to get at and remove the causes of all forms of disease arising from vegetable influences, or the decomposition of animal and vegetable matter. In this city in 1873 the deaths from Small Pox were over 900; in 1877, owing to the energetic measures of the Board of Health in compulsory vaccination, there were only 14 deaths. In 1873 there were over 32,000 deaths; in 1877 but little over 26,000. Notwithstanding the large increase in our population, there were fewer deaths here in 1877 than in any year during the past twelve years. In England the death rate in certain cities, from typhoid and malarial diseases was reduced, by the reform of the sewerage and house drainage and the removal of cess-pools and the supply of pure water, from 60 to 70 per cent. Notwithstanding sanitary science is in its infancy, all this has been gained by the energetic and faithful application of a few scientific principles.

The commission appointed by Surgeon Woodward to inquire into the causes and character of yellow fever are, at this writing making their report to the National Health Association at Richmond. The result of their labors we hope to present in the January *Times*. The commission appointed by the President of the American Institute of Homœopathy will not confine its investigation to the causes and nature of yellow fever, but will include the most successful mode of treatment. We shall look for its report with great interest, and are confident, from our knowledge of the committee, it will be a searching, intelligent and an entirely unpartisan statement.

ADULTERATED BAKING POWDER.

Good bread is so easily made that one would suppose there could be no excuse for the heavy, sour, or alkaline bread and biscuit, which are so often found upon the table, both in city and country. The secret of a large amount of the dyspepsia and gastric trouble, with which the people are afflicted is the almost criminal adulteration of baking powders, and the great lack of that scientific information, so easily obtained, which every housekeeper should possess. The proper manipulation of bread, the preparation of cereals for the table, should form just as much a part of the education of every child, as the learning of the alphabet. Dr. Henry A. Mott, Jr., who has recently been appointed, by the United States Government, Chemist to the Indian Department, in his regular line of duty, analysed the various baking powders offered to the Department, and found that at least fifty per cent. were grossly adulterated.

The best powders are composed of bitartrate of potash (cream of tartar), tartaric acid, carbonate of ammonia and bicarbonate of soda, held together, to prevent decomposition, by a little starch. With a powder like this, and a little skill in manipulating good flour, there is no reason why every family should not have perfectly sweet and healthy bread.

The injurious powders are composed of alum and bicarbonate of soda, and often contain terra alba (white earth), insoluble phosphate of lime, &c. The effect of alum is to whiten the bread, and for this, and to prevent an excess of fermentation where yeast is used, it is principally employed. This drug has been shown by chemists and pathologists to produce dyspepsia, constipation, vomiting, griping, and even inflammation of the gastro-enteric mucous membrane. The small amount of the drug used may not immediately produce any very unfavorable results, but, like a slow poison, it accomplishes its work sooner or later none the less surely.

On subjecting several of the popular baking

powders to analysis, Dr. Mott found one to contain 20 per cent. of burnt alum; another, 22 per cent.; another, 26 per cent., and another, 30 per cent., and advises the selection of some standard article which has stood the test of chemical examination, like the Royal Baking Powder, than run the risk of the many adventurous compounds put upon the market by irresponsible parties. Baking powders may be perfectly healthy when properly prepared, and then produce more satisfactory results than ordinary yeast, or the cream of tartar and soda generally found in the market. They are not only more economical, but there is no danger of failure, which even the best manipulators of flour are apt to meet with when using yeast, or cream of tartar and soda.

VITAL STATISTICS.

We are indebted to Dr. Nagle, Deputy Register of Records, for a report of the Bureau of Vital Statistics for the year 1877. From it we learn that the mortality the past year in New York has been less than in any preceding year for the past seven years. In zymotic diseases there is a marked decrease. Small-pox caused 14 deaths against 929 in 1873. The number of suicides remain nearly the same, averaging about 150 a year. Puerperal diseases have decreased, but deaths from Remittent, Intermittent, Typho-Malarial, Congestive and Simple continued fever have been in excess of preceding years. Deaths from Typhoid and Typhus fever average about the same from year to year, and contrary to what we should expect, deaths from diseases of the brain and nervous system show a steady decline. The ratio of childrens deaths to adult is about the same as in preceding years, one-half of all the deaths being under five years of age. Notwithstanding the increase of population in New York, there is a steady decrease in mortality, attributable partly, we have no doubt to our Board of Health keeping the city in a better sanitary condition, and partly to the profession and the press educating the people up to a better care of themselves and a higher

standard of health. The inventive spirit of our people always keeps pace and sometimes leads the wants of the age, and no sooner does science point out a defect in ventilation, or the injurious effects of certain gasses, than invention stands ready to remedy the evil. There is no reason why the city of New York, washed on both sides by the tides of the ocean, should not become the healthiest city in the world. Every year it is making long strides towards that enviable position.

—o—
THE LAWS OF THERAPEUTICS, OR THE SCIENCE AND ART OF MEDICINE: A SKETCH. BY JOSEPH KIDD, M.D. C. Keegan, Paul & Co., London, 1878.

We do not propose to review this book, strictly speaking, because we hope the reader will obtain it and judge it in its entirety for himself. We need only say that it comprises fifteen chapters and an appendix, treating on the following topics: Historical, Physiology, Pathology, The Natural History of Disease, Therapeutics, Hahnemann's Law of Similars, Galen's Law, The Antipathic, The Law of Similars alongside of the Law of Contraries, Ars Medica, Obstacles to the Action of Medicine, The Law of Counter-irritation, Galvanism and Electro-Magnetism, Hydropathy, Food, Conclusion. The Appendix,—a modest more-than-hope that we may attain to the curability of cancer.—is like a rift in the clouds that shows sunshine beyond. (For the sake of the suffering may we be led into the light; we treat successfully other perversions of nutrition—why not this?) We may add that the work is truthfully termed "A Sketch," for the full treatment of any one of its chapters would require all the space given to the volume itself; still, very much that Dr. Kidd has written will be new and instructive to young physicians, and to all such we earnestly commend the book. Indeed, it will be "fruit-bearing" only as a rule to the younger minds in the profession; the mentally-atheromatous and the "hidebound" will get, *can* get nothing from it or—from anything else; stasis has them, and in that status only connective tissue thrives.

"No man," says Willis, in his *Life of Harvey*, "who had attained to the age of 40 years, was found to adopt the doctrine of the circula-

tion; it had to win its way under the safeguard of the Drakes and Leroy's especially, that is to say, of the youthful and unprejudiced."

To those who have "attained to the age of 40 and are, happily, still able to 'forget men and systems, and to search for truth,'" this book will be valuable from its suggestiveness.

Think of its title for a moment—*The Laws of Therapeutics*. Does't that plural substantive offend the ear of sundry Homœopathicians" with whom "*the law of similia*" is a phrase that fits the mouth like a set of false teeth? But, despite the offense, if there be laws of the Eternal's fixing what then? Will the *whereases* and *resolveds* of the whole earth avail?

Truth heeds not acts of parliament! *was*, in fact, before all parliaments; and all parliaments, whether of men (which are poor enough) or of "Homœopathicians" (which are even poorer) must demean themselves accordingly.

The book is in essence a quiet but firm, dignified and thoughtful protest against that Hahnemannian autocracy, which has been diligently foisted upon all who have been liberal enough to recognize the law of similars—an autocracy against which the American mind sooner or later will arise in revolt. The dogma of "the divine right of kings" died the moment Man asserted himself, and that other dogma of the autocracy of the Thinker will do likewise whenever Man begins to think for himself. Independent thought, question-asking, creed-challenging is the "characteristic" of the spirit of the age, and never since time began has Truth had so good a chance of a warm welcome.

The spirit of Dr. Kidd's *sketch* will be best shown by a few sentences from his opening and closing chapters:

"In the following pages I desire to make a fresh and unbiassed inquiry into the fundamental principles of the Science and Art of healing, to ascertain if medicine can be brought into the position of an exact Science, or if it is to remain merely an Art."

"I have endeavored to forget men and their systems, and to search for truth—for all truth. The true student of Nature ever delights to lay self aside, to present his offspring to the growth of knowledge and withdraw, that God and His physician may be in all."

* * * * *

* * * "In conclusion, 'as a fellow laborer in one great common work bearing upon the highest interest of humanity,' I search out for myself what I desire to make known to others—every aid for the sick and suffering that science and art can give to the physician, taking at their true value all laws and principles of healing, and using them for the elaboration and perfecting of the art of medicine; so that I may be a workman approved of by my Master, and a servant fit to minister amongst the sick, the sorrowful, and the weak."

Let us follow this with a somewhat different sentiment—Hahnemann's own utterance:

"He who does not walk on exactly the same line with me, who diverges, if it be but the breadth of a hair, to the left or to the right, is an apostate and a traitor, and with him I will have nothing to do."*

Is it not enough "to give us pause" that this supreme intolerance should have been expressed in the face of that famous axiom whose momentous truth is felt alike by every sincere physician: *Life is short, and the art long; the occasion fleeting, experience fallacious, and judgment difficult.*

However, as earnest physicians our immediate concern is not with Dr. Kidd's broadness, or Hahnemann's narrowness, but with the external truth—the truth that was before Schools, that is in spite of Schools, that will be when Schools are not. Having found this the Healer needs no Shibboleth—will have none; until this is found phylacteries will be worn—as they ever have been.

That Dr. Kidd is righteously "orthodox" we dare not affirm; that some of his "experience" is not "fallacious," we will not affirm—but let him speak for himself:

"Twenty-seven years ago I saw that the essential truth of Hahnemann's law was totally independent of his speculations about dynamization." [Fairly put.] Adopting with great delight the law of 'similia similibus curantur' as the chief, though not the only foundation for therapeutics, I learnt for myself that Hahnemann's 'sober' teaching—the use of pure, undiluted tinctures—was a far better guide to heal the sick than Hahnemann's 'drunk' with mysticism calling for the exclusive use of infinitesimal doses. The latter I gradually cast

aside *in toto*, as untrustworthy and unjust to the sick, whose diseases too often remained stationary under treatment by globules, but were most effectually and quickly cured by tangible doses of the same medicines which failed to cure when given in infinitesimal doses."*

We cannot agree with Dr. Kidd, and contrasting his testimony with such as we should be obliged to give, we can only say, "experience fallacious, and judgment difficult."

Our author affords an apt apology for what he terms, "the sharp, exclusive teaching of Hahnemann."

"Hume's argument that 'the intolerance of Christianity by which it refused alliance with other religions, and insisted in reigning alone or not at all, facilitated its reception,' applies with singular accuracy to the introduction and spread of homœopathy."

If this be true, we are led to ask: Has not the intolerant exclusiveness of Hahnemannian homœopathy fully subverted the only valid purpose of such a "sharp exclusiveness," to wit: the introduction of the homœopathic method in therapeutics?

Many recent events make it evident that we must meet this question, and simply because it is one which even now threatens the cohesiveness of "our School," as the avowed believers in the "law of Similia" have been obliged to call themselves on account of the intolerance of the "other School."

The question is readily met and rightly settled if we will recognize *laws* of therapeutics and give allegiance to all *law* on the proper occasion. Such a recognition of *laws* of therapeutics curtails no physician's liberty in the application of that *law* which he finds best; and, after all, our "practice" resolves itself into a matter of *individual responsibility* which each one discharges as best *he* can.

The modern ultra-Hahnemannian homœopathy has a Procrustean bed; it virtually demands from the neophyte that perfectness which it is simply impossible for the neophyte to have; and, indeed, all of us, year after year, send forth our best qualified graduates to do *their* best, which we well know is not *our* best.

There is, then, to-day, not only room and need, but also an unmistakable demand for an

* Dudgeon's *Lectures on Homœopathy*, p. xliii.

*Dr. K.'s views on the dose will be found more at length in the *Brit. Jour. of Homœopathy*, vol. xi, p. 486.

all-including comprehensiveness, not to call it catholicity, in medical thought and deed; and such a comprehensiveness as truth demands will obliterate school lines and abolish School names.

If, in a broad and liberal practice of the Art it shall be found that the law of similars is the most generally applicable, and the most generally useful, the *fact* is what the race needs, the *name* need concern no one. If, again, the law of similars is once generally tried, we who have tried it need have no fear but that it will more nearly dominate than any "law" yet known, and, when once its mildness, its certainty, and its power of prevision* are generally known, depend upon it the genius of Samuel Hahnemann will not be shorn of its due.

The outcome of the present upheaval in medical thought will be a dominating "School" of physicians. That School will include the receptive of all Schools. The old, the middle-aged, in a word, the mentally "set" will be left as the lees of wine—a residuum inseparable from the development of the wine, and of little earthly use when once the wine has matured, rather a detriment.

Such a consummation is nearer at hand than many of us imagine, the leaven is at work. The division will probably begin in the Homœopathic School. The recent letter of Prof. Richard Hughes to the veteran Dr. Wells, of Brooklyn, has an unmistakable significance. When once it begins the "cleavage" will be rapid. It will not end with the Homœopathic School; many of the older School are ripe for the emancipation of truth. For all truth's sake would it were to-morrow.

S. A. JONES.

* *Vide*. Amer. Homœopathic Review, Vol. lii, p. 70.

Bibliotheca Medica, Robert Clarke & Co., Cincinnati. A complete list of medical publications—including Homœopathic—a most useful and convenient catalogue for reference. Send 25 cents and get it.

Annual address before the Hom. Med. Society of Penn. By Henry N. Guernsey, M.D., President. A Conspectus of the Different Forms of Phthisis, Etc. By Roswell Park, A. M. M.D. Chicago, pp. 20. The Principles of Light and Color, Etc. By E. D. Babbitt. Re-

lations of Syphilis to the Public Health. By F. R. Sturgis, M.D. New York, pp. 40. Treatment of Yellow Fever. By Dr. M. Dagnino, translated by Dr. A. DeTejada. New York, pp. 18. A Glance at the History of Hom. in California. By G. M. Dixon, M.D. Inebriety and Opium Eating, Etc. By Geo. F. Foote, M.D. Stamford, Ct. pp. 20. Differential Diagnosis between Hollow Uterine Polypus and Complete Inversion of the Uterus. By G. E. Sussdorff, M.D., N. Y., pp. 16. Carbonic Oxide, Etc. By Henry Morton, Ph. D., pp. 12. Teratology, Etc. By M. M. Walker, M.D., pp. 16. Hygiene of the Eyes, Etc. By F. Park Lewis, M.D., pp. 8. Twelfth Annual Report Pitts. Hom. Hospital, Etc., 1878. First Annual Report, Penn. Hom. Hospital for Children, 1878. Prospectus of the Dundee (Scotland) Hom. Dispensary.

The Manual of Takigrafiy. By D. P. Lindsley. New York, D. P. Lindsley, 36 Park Row. This little manual introduces the student to the most complete and by far the easiest and most rapid system of short-hand writing known. It is easy to read, easy to learn, and of great value to students in all professions.

The United States Homœopathic Pharmacopœia Chicago: Duncan Brothers publishers, 1878. The necessity which has long existed for a good Homœopathic Pharmacopœia is very admirably met in this volume. The botanical description of plants, the best time of gathering them, and their proper preparation are clearly given as well as the chemical formation of the various salts and the manner of subdividing the particles through trituration and dilution. The United States Homœopathic Pharmacopœia and the United States Dispensatory should find a place in every physician's library.

Correspondence.

YELLOW FEVER IN TENNESSEE.

Editor of "Times":

I am frequently asked by medical correspondents concerning the epidemic of yellow fever in this state; and I will say briefly, through your columns, that the visitation at Memphis, Brownsville, Chattanooga, and a number of smaller places, has been dreadful.

Concerning its extent and fatality in those places and the surrounding country, the whole

public has been informed through the faithful telegraph and press.

Concerning the success of Homœopathy in its management I will mention that, at Memphis, where it first appeared in Tennessee, Dr. Morse and Dr. Buddeke were unfortunately among its first subjects.

Dr. Morse, under the treatment of Dr. S. J. Quinby, passed through safely, and as soon as able to travel, came to my house to recruit. Then he went north to get the bracing influence of the great lakes. He passed safely through the epidemic in Memphis in 1873, doing a fine work for Homœopathy.

Dr. Buddeke had a light run, and was soon able to come to his father's, in this city, to recuperate.

He is now quite well, and will return shortly to his field of labor.

Dr. Quinby has stood alone through the terrible siege, making good statistics for Homœopathy.

At Brownsville there was no practitioner of our school.

At Chattanooga, Dr. Fraer was early prostrated with the fever; but he is now happily out of its clutches.

Drs. Price and Curtiss have been able to stand manfully at their posts, doing noble work.

They inaugurated a Homœopathic Hospital for yellow fever cases, and have had every bed filled.

They will make a good showing of statistics.

Dr. Fisher, of Marietta, Ga., has been with them as a volunteer physician.

Nashville has had numerous cases in the persons of refugees, who brought the germs of the disease with them.

Not more than two or three cases have occurred here not clearly traceable to an exposure in what we call the infected districts.

I have attended but two cases, up to this time, one from Memphis, recovering nicely, and one from Chattanooga, resulting fatally on the fifth day. The latter case was the father of our esteemed Dr. Eastman, of Atlanta, a most estimable gentleman, well-known through the South as a prominent railroad man. He had a chill in Chattanooga, and then the fever while travelling to this city.

Going to the infirmary established by our Board of Health, he was placed in a room with

another patient, and quite unnecessarily kept there, being obliged to witness the struggles and death of his fellow sufferer—all against my most urgent protest.

It would have been too much for Homœopathy to save a patient where nearly every one was dying under the Old School treatment.

Dr. Wesselhœft, as president of the American Institute of Homœopathy, will soon appoint a Special Commission to gather up facts and figures regarding the epidemic in this and other states of the South. New Orleans will be able to make a good showing.

The fruits of the Commission will be looked for with great interest.

I may here give one conclusion, to which the people as well as the profession of this southern country have been forced—that *much drugging of any kind is worse than useless in the yellow fever.*

J. P. DAKE.

NASHVILLE, Oct. 20.

SING SING, Oct. 14, 1878.

EDS. HOM. TIMES:—Inclosed please find a very condensed report of my year's work compared with the preceding year. You will notice that the number of excuses this year is more than double the number given last year. When I took charge of the medical department I requested that every man who was unable to do his day's work should receive an excuse from me. It *was* the rule, that if a convict doing *state* work (and most of them were on state work) was sick, his keeper would pass him to his cell on his own order thus saving an excuse from the physician. I am positive that there must have been at least 10,000 excuses given during the year of '76-'77. Again, when I took charge there were a large number of idle men locked in their cells who were considered unable to perform any labor. These were examined, and with few exceptions were put to work at *light* work, and many of these required excuses frequently.

You will also notice that there were 10 transferred to the insane asylum. I cannot account for this increase except that they should have been sent away many months sooner than they were.

The number of deaths is much less than the

preceding year, and I am informed it is the smallest in the history of the prison.

Five of the deaths were of consumption, one suicide by hanging, and one the result of an injury. Two of the consumptives were in the third stage when they were received into prison.

Average number in prison, 1629, which includes punishments, sick in hospital, and those physically incapacitated to do a days labor, 54—3½; average number in hospital, 14, or .0086; average percentage of deaths, .0043.

Out-hospital report for the year ending September 30th, 1877:

Daily average of convicts in prison.	Total No. of applications.	Total number treated.	Total number not treated.	Total number excused.
1448	25,438	22,275	3,168	2,094

In-hospital report for year ending September 30th, 1877:

	Total number admitted to h.	Total No. discharged from h.	Total number of deaths.	Transferred to Inmate Asylum.
1448	181	105	18	6

Out-hospital report for year ending September 30th, 1878:

Daily average convicts in prison.	Total No. of applications.	Total number treated.	Total number not treated.	Total number excused.
1629	28,157	24,388	3,769	6,740

In-hospital report for year ending September 30th, 1878:

	Total number admitted to h.	Total No. discharged from h.	Total number of deaths.	Transferred to Asylum.
"	211	207	7	10

Respectfully,

JOEL D. MADDEN.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

SECOND DAY, WEDNESDAY—MORNING SESSION.

President Gulick in the Chair.

The report of the bureau of Gynecology was introduced by the Secretary in the absence of Dr. Throop, Chairman, and consisted of the following entitled papers:

1. (a.) A Paper on "Hydrorrhœa Gravidum." (b.) "A case of Insufficient Development with Rupture of the Perinæum and Uterus. Recovery." (c.) Notes. "A Case of Carcinoma of the Breast." R. C. Moffat, M.D.
2. "An Unnoticed Cause of Uterine Disease in Married Females." J. Robie Wood, M.D.
3. "An Interesting Case." Sarah J. White, M.D.
4. "Puerperal Mania." Anna C. Howland, M.D.
5. "Uterine Fibroids." Frank L. Vincent, M.D.
6. "A Displaced Ovary." A. P. Throop, M.D.
7. "Uterine Displacements; Their Cause and Cure."

By E. W. Rogers, M.D.

Dr. Moffat said that in his case of *Carcinoma, Conium, mac.* was controlling the pain at present.

Dr. S. P. Burdick said that cases of "*Hydrorrhœa Gravidum*" were not alarming, and might be caused by any undue pressure which could rupture the membranes. In Dr. Moffat's case of "*Rupture of the Perinæum*" the *Balsam of Peru* used topically was undoubtedly the cause of the itching said to have existed. Its action sometimes is quite like that of *Rhus*. I have found *Calendula* topically of great value in similar cases.

In a case of *Scirrhus of the Breast*, *Sepia 6m* daily for six months and then less frequently, dispelled the tumor entirely within three years.

In another similar case, and in which a sister had died of cancer of the breast, *Sepia 6m* removed the induration in one year entirely.

Dr. H. N. Guernsey said we should treat such cases as Dr. Moffat speaks of with the greatest care and individualization. I frequently use the high potencies of *Jenichen* and *Fincke*.

In all cases, particularly of primipara, or in other cases where the vagina and soft parts seem very rigid and small; Vagina so small as scarcely to admit the index finger; I almost invariably give *Arsen.* every half hour in water, which relieves the sufferings of the patient very much, her moaning and out-cry subsides and she goes through with her labor nicely, the soft parts dilate admirably and the child is born without injury to the mother. *Acon.*, in tincture, or in the lower potencies is of no use in these cases. Should rupture of the perinæum occur *Calendula tincture* largely diluted in water and applied to the injured surfaces is far more useful than salves or any other application. I approve of Dr. S. P. Burdick's application very much indeed—*Calendula* in water.

Dr. S. P. Burdick expressed decided want of confidence in the preparation of certain high potencies which are not what they purport to be. Many supposed to be very high, are not. He also claimed that many preparations lose their efficacy after a time—particularly vegetable medicines.

Dr. Blumenthal would like to know the method of preparing high potencies and a scientific reason for their use. He said that when a remedy is perfectly homœopathic, the *high* will answer best, but if not exactly so, the lower will prove more satisfactory.

Dr. H. N. Guernsey said that Jenichen's *Arsen.* 40m. was his favorite preparation to-day, and acts with the usual promptness notwithstanding its 30 years age.

Dr. Burdick said *Arsen.* was one of those that did not deteriorate.

Dr. Foote said in reply to Dr. Burdick, that in regard to potencies by fluxion he had made some experiments, the results of which might throw some doubt about the extent to which the division of what are called extreme high potencies are carried. With those who have used them there can be no hesitation about their curative powers. The potency he thought was an open question which requires many delicate tests to properly solve. The experiment made was in this wise:

Taking three pint bottles, with open mouths, he suspended them one above the other, with funnels in the two lower to receive the overflow of those above. Into the upper one was placed 75 grains of finely pulverized chalk, mixed with a little water. This, though not soluble, is diffusible in water that is being agitated. Into the upper one, through a small tube reaching to near the bottom, was poured a stream of water with a fall of four feet. The first bottle filled and overflowed into the second and that into the third. When this last one was filled, the water was stopped. Now, if making a potency by fluxion, is the same as by the centesimal process recommended by Hahnemann, the upper bottle, being filled once, should represent the 1st Centesimal potency, and when allowed to overflow until the second bottle was filled, the contents of the first bottle should now represent the second centesimal potency. And when continued on till the third bottle was filled, the contents of the first should again represent the third centesimal potency. But the results were otherwise.

The contents of each bottle were emptied into open dishes and allowed to settle two days, the water then poured off and the remainder carefully dried and weighed. The contents of the first which should have contained the one millionth of original 75 grains weighed six grains, or about the $\frac{1}{10}$ of the original amount, corresponding to a little over the first decimal potency. I make this statement without comment, as I consider the experiment far from conclusive, hoping only to call attention to something tangible by which this question may find a proper solution in the hands of some of our more learned Doctors. An exhaustive review of this question, by a truly scientific research, would go far to remove one of the impediments, against which some of us are accused of stumbling, through a blind faith in a path not yet properly surveyed.

Dr. Burdick said he was not an advocate of either high or low potencies, he used them all.

Dr. H. N. Guernsey spoke of the development of dynamic power as instanced by Gold, Salt, etc.

Dr. Burdick could show *Natrum mur.* in any specimen under the spectroscope. The finely developed structure of the potentized drug has its own affinities, and each tissue takes up its molecular own.

(To be continued.)

A RETROSPECT OF MATERIA MEDICA FOR THE YEAR ENDING 1877.*

BY MARY E. BOND, M. D.

(Lecturer on Mat. Med. at the N. Y. Med. College and Hospital for Women.)

PART IV.

3.

Amyl Nitrate still attracts a fair share of attention, and besides fresh accounts of its efficacy in warding off epilepsy, curing asthma, and relieving angina pectoris, we see it frequently urged as useful in pertussis to modify the paroxysms and shorten the duration. Dr. G. Bayles, in the Virginia Medical Monthly, reports ten cases in which it was given at the moment of paroxysm by inhalation, with the best known results. Dr. Simon, in the Chicago Medical Journal and Examiner, states that he instantly cured a case of hiccup which had lasted twenty-six hours, by the inhalation of three drops of *Amyl Nitrate*. It is Dr. Talford Jones, of England, who first proposed (in the Practitioner) that it be employed in cases of threatened danger from the use of chloroform, and in several instances already his suggestion has proved useful. Experiments upon kittens made by W. L. Lane, and recorded in the British Medical Journal, (Jan. 27, 1867,) proved its power to overcome chloroform narcosis.

4.

Apocynum Cannabinum is so familiar to you all, that I shall only ask time to allude to recent experience with it, in the hands of Dr. Kunzé related in vol. 10 of the Transactions of the Eclectic Society of the State of N. Y. The dose which he was obliged to use in order to remove dropsical effusions created such nausea and gastric disorder that it could not be continued for any length of time, and when pressed, invariably caused vomiting and hæmatemesis. The last symptom is not found in the provings given in Hale's New Remedies.

5.

Aqua, of a temperature from 90 to 105 degrees, is highly recommended by Dr. James Cody, in the Wis. State Transactions for 1876, as an injection to check uterine hemorrhage. It is said to cause no unpleasant symptoms or

*Read before the Homœopathic Medical Society of the County of New York.

after effects, and acts promptly. In the above mentioned paper, its use in cases of flooding after miscarriage and in cases of profuse menstruation, is more especially referred to.

6.

Cold water, according to the Dublin Journal of Medical Science (March, 1877,) has given great relief to the pain of rheumatism by being locally injected after the manner of morphine; ten drops is the amount suggested. Whenever the menstruum above is sufficient, it is certainly well to omit potent drugs.

7.

Arsenic has by accident proved itself a good remedy for cancer. Prof. Esmark, of Kiel, at a congress of German surgeons, gave the history of a lady who, having a cancer in an organ which rendered surgical interference impossible, took arsenic for the purpose of ending her miseries, and failing in this, cured the disease. A more detailed account of the case would be interesting, but I have not been able to refer to the original.

8.

Belladonna has but recently been discovered by the old school to have the power of a cerebral stimulant, and to be applicable to cases of inflammation and congestion of the brain. The subject was opened before the Maine Medical Association, by Dr S. H. Jewett. It is appropriate to mention in this connection, that Dr. Dawson has found that grain doses of the amorphous alkaloid of *Hyoscyamus* give excellent hypnotic effect in cases of violent mania. J. M. Fothergill credits Dr. Ringer with having first proposed *Bell.* for the night sweats of phthisis and spreading caseous pneumonia. He believes that failures are due to the use of insufficient doses, and himself recommends one seventy-fifth to one twenty-fifth of a grain of atropine by the mouth. The above notes are from Braithwaite's Retrospect, vol. 1, 1877.

9.

Bromide of Ammonium in strong solution as a gargle, and in mild solution for injection into the nasal cavities, is recommended by Dr. Dr. E. C. Seguin, in the Journal of Nervous and Mental Diseases, in cases of hay fever. The gargle may be of the strength of a drachm

to the ounce of water, and the solution for the nares only ten to thirty grains to the ounce.

10.

Bromide of Camphor has been administered to dogs poisoned by fatal doses of strychnia, and thus shown to be an antidote. It has lately been employed as a nerve sedative successfully in cases of delirium tremens, insomnia, chorea and epilepsy, and it seems likely that it will become a standard remedy for such affections.

11.

Bromide of Potassium has been found by Dr. Peyranel to have escharotic properties. By injecting it into malignant growths and applying it to the raw surfaces of atonic ulcers, epitheliomatous patches, and phagedenic skin eruptions, he has found it useful for clearing up such disagreeable and obstinate affections. It may also serve as a local hemostatic in place of tannic acid, ergot, etc. These facts may be found in the Physicians' Monitor for 1877. (Townsend's.)

12.

Carbolic Acid with oil, in the proportion of three drachms of the acid to one of the oil, is an article with which many doctors in the West, not registered in the army of regulars, go about advertising to cure hemorrhoids without pain or surgical procedure. Their method consists in injecting each tumor by means of a hypodermic needle, and then leaving for the next town. Other physicians have resorted to the same procedure of late, and while it is seldom done without pain and is not always unaccompanied by danger, it is nevertheless believed to be appropriate for many cases, and even preferable to the ordinary operations.

Carbolic acid with collodion, equal parts of each, forms a jelly-like mass which is said to be excellent in toothache when it is due to an exposed nerve. (C. A. Guild, in the Clinic.)

Carbolized Camphor, a syrupy liquid which mixes easily with olive oil, is declared to be an excellent local application to raw surfaces, being specially effective to diminish pain and suppuration. (Druggists Circular.)

13.

Cataplasma Oryzocci, made of cranberries, either uncooked or cooked, is a local remedy for erysipelas by universal acclamation. In the

April number of the Medical Brief, Dr. L. G. Doane of this city opened the subject, and the editor was nearly swamped in July following by articles testifying to the virtue of cranberry poultices for erysipelas. He willingly conceded the matter without debate, and begged to be excused from further manuscripts.

14.

Chloral Hydrate is one of the comparatively new remedies which continue to receive a large share of attention, and from many sources I have selected the following notes. Dr. Robert Bridges, in *The Practitioner*, reports the cure of two cases of cholera by large doses, administered in such a way that ten consecutive hours of sleep were obtained, and of course so many hours of rest from involuntary spasmodic motions. In the *New York Medical Journal*, Dr. C. H. Smith reported his experience in two hundred cases of whooping cough treated with it, and in every case observed there was a marked alleviation of the symptoms and shortening of the disease. No other remedy was given and there was not a single death. Dr. Orlon, of St. Petersburg, believes that he cured a case of delirium tremens by the frequent use of thirty grain doses, giving in all two hundred and eighty-seven grains in two and a half days. In *The Practitioner* there was related the history of a case of tetanus lasting over a month, in which the spasms were persistently fought off by the hypodermic injection of five to ten grain doses whenever they were indicated. In the *Medical Brief* for the last year may be found reports from St. Louis, New Orleans and Germany, of the happy results of chloral in convulsions, either in children a few months old or in adults. For this purpose it is often conveniently administered by enema. The *British Medical Journal* gives the caution that chloral, when long continued, even in small doses, is cumulative, that it exerts a paralyzing effect on the vaso-motor nervous system, and finally leads to arrest of the heart's action without much provocation. In the same journal a physician cautions against the continued use of this drug, being convinced, from post-mortem examinations, that it produces congestion of the kidneys. This fact would make the "chloral habit" a very injurious one. Locally, it has been found useful as an application to burns either with carron oil

or camphor, and in solution of one part to twenty, for eczema and pityriasis capitis.

Chrotan Chloral has been shown by Liebrich to be essentially an anæsthetic, its effects commencing in the head and slowly extending to other portions of the body. A few trials have indicated its usefulness in neuralgic headaches of anæmic women and in pains affecting the 5th pair.

Citrus Limonum.—The fruit of this tree, called lemon, was found by Dr. E. M. Baldwin, of Springfield, Mass., to relieve the nausea in pregnancy in a case which had been unusually obstinate. He cut off the end of the lemon and gave it to the patient with sugar to be taken after the manner of a New England school-girl. The unfailing remedies for the distressing and persistent nausea of pregnancy are not so many that we can afford to slight or forget so simple and ready a means as this.

Citric acid is another of the many local applications which never fails to cure diphtheria. There are now so many invaluable remedies for this very prevalent disease that it seems a little singular that from 80 to 100 cases are reported each week in the mortality statistics of New York City. Dr. Caspari writes to the *German Medical Journal* that he has treated successfully forty cases of diphtheria by using *Citric acid* alone. Several of these cases had refused to yield to *Carbolic acid* or *Salicylic acid*. It is added, with propriety, that constitutional treatment was also employed, but of what nature we are not informed.

Colocynth.—Dr. J. Tucker, in the *Chicago Medical Journal and Examiner*, announces that *Colocynth* will allay the pain caused by excessive peristaltic action of the intestines, if used in minute doses. He gives frequent teaspoonful doses of water rendered slightly bitter by tincture of *Colocynth*. I do not know to what school Dr. Tucker belongs, but he certainly ought to be made aware of the domain he is invading.

Erythroxylon Coca is an importation from Peru, and other countries on the western coast of South America, where it has been employed by the inhabitants from remote periods as a substitute for the tea, coffee, betel, tobacco, hasheesh and opium used by other nations.

(To be continued.)

Dr. J. R. Haynes, of Indianapolis, has been studying the effects of snake poisons upon animals, in the presence of Prof. R. M. Piper, of Chicago.

"The chief factor in the experiments was a fine rattlesnake about eleven years old, and three and a half or four feet long, which Dr. Haynes has confined in a wire cage. Some thirty animals were used in the experiments such as rats, hens, pigeons and rabbits. They lived varying periods after being bitten, death not following in any regular sequence of time, as is generally believed. One rat died in eight minutes, one in twelve, and the next rat lived twenty-seven hours, the next one surviving twenty hours. A pigeon died in seventy-five minutes. A hen which was struck three times, lived for three days in a stupid condition, and finally recovered.

The symptoms were labored breathing, paralysis of the hind extremities in the quadrupeds, and absence of blood in the extremities. After death the hearts were found gorged with blood in a fluid state. This non-coagulation of blood Prof. Piper was inclined to attribute to fright or excitement just before death.

It was noticed during the experiments that the snake appeared capable of striking from several different positions, according as it suited his convenience, but when about to strike there were always two lateral curves of the body, one backward and one forward. The rattlesnake springs only two-thirds of his own length, and always strikes at the neck, or as high up as he can get. In the experiments every animal put into the snake's cage was struck in the neck, except one that received the fatal blow immediately over the eye. The snake's fang makes a very small wound, and but little blood escapes. Inflammation sets in at once. The animal struck seems to suffer very little pain, but to be rather in a stupefied condition. Human beings are said to suffer acute pain from the wound. In the course of the investigation here Prof. Piper tried to get an idea of the method in which the snake struck, but it was impossible. The snake's motion was so rapid that no eye could follow it. Lightning was not more sudden in its movements.

"Dr. Haynes cut off the points of the teeth of a large rat that he had put into the cage, lest the snake should be rendered incapable of per-

forming any experiments. The rat tried to keep away from the snake, but the latter felt that his premises were invaded, and struck at the rat. The latter, partially disarmed as he was, at once turned round and made a sturdy fight for a few seconds. He bit the snake, and the snake struck him three or four times. At last he felt the effects of the poison, and walked off as far from the snake as he could get. He lived for 27 hours after this. A dove put into the cage exhibited no fear of the snake, and showed no signs of suffering after being struck. Nor, in fact, did the wound seem to have any effect on the bird for a time. About an hour after the wound was made the bird's breathing was short and hard. This was the first symptom of poisoning, and in 15 minutes more the bird was dead. In the case of all these animals no blood flowed after death, and yet the blood at the heart was not coagulated. The authorities differ as to the liability of the blood to coagulate after a snake bite, but in all these cases the blood was uncoagulated."

FRANKLIN WHITEHEAD HUNT, M.D.—Died in this city Oct. 20th, 1878, æt. 68. Dr. Hunt graduated from the Indiana Medical College in 1833, and subsequently filled the chair of Mat. Med., etc., in the same institution. He represented his county in the legislature and was intimately connected with the organization of many benevolent and scientific institutions. After twenty years "Old School" practice, he added homœopathy to his *armamentarium*.

He was one of the founders of the N. Y. Hom. Med. College, in which institution he held a chair during its first ten years. As editor of the U. S. Journal of Hom. and of the North Am. Jour. of Hom., and as one of the authors of that standard work, "Marcy and Hunt's Hom. Theory and Practice"—to say nothing of his other numerous contributions to our literature—his name became quite familiar to the members of our "school," and his memory will ever be held dear to a large circle of warm friends.

ONYCHIA MALIGNA.—The subnitrate of bismuth, applied externally, is said to cure; the dead part of the nail should be cut away, and this sprinkled over the surface, and a compress passed around the part.

Medical Items and News.

President C. Wesselhœft, of the Am. Inst. of Homœopathy, has appointed Drs. W. H. Holcombe, T. S. Verdi, L. A. Falliojaut, J. P. Dake, W. L. Breyfogle, E. H. Pine, B. W. James and F. H. Orme, a "Yellow Fever" committee, and Mrs. Elizabeth Thompson has contributed \$500 towards defraying the expense of its efforts.

OUR COLLEGE ATTENDANCE.—Old Hahnemann of Philadelphia holds her own with students, 175
The N. Y. Hom. comes next, with 155
Hahnemann, Chicago, 152
Boston University, 150

(Notwithstanding the rigid requirements adopted.)

Cleveland Hom. Hosp. College,	103
Chicago Hom.,	80
Pulte, Cincinnati,	80
Michigan University,	65
University of Iowa,	30

990

All report excellent quality of their classes, and plenty of clinical advantages. To this add the students in old school colleges intending to practice homœopathy and then tell us whether you think the system is on the decline.

REMOVALS.—Dr. Wm. B. Greene to 4th Ave. and 77th St.; Dr. H. M. Potter to Gardiner, Me.; Dr. J. R. Bowman to Denver, Colorado; Dr. Jno. B. Brooks to Hot Springs, Ark.; Dr. A. J. Bigelow after a temporary absence returns to Morrisania, Buffalo Hom. Eye and Ear Infirmary to 328 Ellicott St.

The name of Dr. J. A. Campbell was unintentionally omitted in our last from the medical staff of the Good Samaritan Hospital, St. Louis. Ophthalmology and otology is his department.

Dr. E. Cook Webb has been appointed chief of staff of the Hom. Hosp., W. I. Vice Dr. A. W. Holden resigned. Dr. Holden returns to Glen's Falls, and the following resolution was adopted by the medical board:

Resolved, That while in compliance with his request we accept the resignation of Dr. A. W. Holden as chief of staff of the Hom. Hospital, W. I., we cheerfully recognize his claims to our regard and respect as a physician and a gentleman, and bear grateful testimony to his

unremitting and conscientious efforts during his entire administration to maintain the discipline and efficiency of the institution over which he has presided.

There were treated at the Dispensary of the Brooklyn Homœopathic Hospital during the month of October, new patients, 923; No prescriptions, 2,117.

GEORGE LOUNSBERY, M.D.

OPHTHALMIC HOSPITAL.—Month of Oct., 1878. Number of prescriptions, 4,029; new patients, 476; patients resident in the hospital, 37; average daily attendance, 149; largest daily attendance, 208.

J. H. BUFFUM, M.D., *Resident Surgeon.*

Editors Homœopathic Times:

The following report for the year ending Nov. 1st, 1878, has just been sent, as required by law, to Dr. John Ordronaux, State Commissioner in Lunacy:

Number of patients remaining in the asylum Nov. 1st, 1877.—Males, 61; females, 65; total, 126. No. admitted during the year, males, 74; females, 87; total, 161. Whole number treated during the year, 287.

Discharged recovered, 60; improved, 15; unimproved, 44; died, 16; eloped, 2; not insane, 2; highest number present at any one time during the year, 153; No. remaining end of year, 146. Percentage of recoveries on No. discharged, 43.1; percentage of deaths on whole No. treated, 5.5.

We have to record an excellent percentage of recoveries, and the lightest death rate yet attained at this asylum.

Resp'y

Nov. 13, 1878.

S. H. TALCOTT, *Supt*

LACTOPEPTINE.—This important addition to our list of remedies has found much favor with the medical profession of all schools of practice. Certainly, as its formula would indicate, it can but relieve an over-tasked stomach, and give time for nature to recuperate.

There is a class of cases in which this remedy has, in our experience, been particularly useful, viz., workmen who have been forced to be quite irregular in their habits of eating, and who feel greatly hurried when they do eat, and in consequence have acquired the habit of "bolting" their food, until nature rebels decidedly at the outrage. *Lactopeptine* here enables them to keep at work, while the homœopathic remedy specific to the constitutional condition is sent on its mission, and good advice warns the patient to beware of further transgression of Nature's law. In all cases where there is deficiency of the digestive juices, *Lactopeptine* will be found to be a valuable adjunct to the homœopathic remedy.—*American Homœopathist*, February, 1878.